

MARICOPA INTEGRATED HEALTH SYSTEM PROTOCOL

SUBJECT: Podiatry Services APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	Policy #: PA P 246.00 Policy Pages: 3 Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Initial Effective Date: 5/96 Latest Review Date: 5/03 This policy will be reviewed annually.
MIHS HEALTH PLANS APPROVALS: Operations Director: _____ Date: _____ Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Podiatry Services

PROCEDURE:

- A. Specialty Care providers must request prior authorization of podiatry services through the MIHS-HP Authorization Unit. The request must be submitted on the Unit's Outside/Home Service & Consultation Request form.

- B. All items on the form must be completed in order for it to be accepted by the Authorization Unit. Incomplete forms will be returned to the requesting provider for the required information.
 1. The Authorization Unit staff may request supporting documentation from the requesting provider. It is recommended that providers supply as much supporting information and data about the member as possible to justify the request.
 2. Authorizations Unit staff are empowered to review the request, compare it with the benefit schedule for the member's health plan, request additional information and issue the authorization number. Authorization numbers are communicated to the provider verbally or electronically.
 3. If the request is unclear, does not comply with the schedule of benefits or raises any other questions, the request is forwarded to the Medical Director for review and determination.

- C. Podiatry Benefits for MIHS-HP Members:
 1. MIHS-HP provides coverage of health problem related podiatry care in accordance with the rules and regulations made by the Centers for Medicare & Medicaid Services (CMS) and the policies of the Arizona Health Care Cost Containment System (AHCCCS) for its ambulatory and long term care beneficiaries (MHP & MLTCP). HealthSelect and MSSP member podiatry benefits are included under these rules and regulations for consistent benefit administration.
 2. In the attached Table of Podiatry Benefits, **YES** indicates that the care, service or treatment in the left hand column is covered for the respective health plan, as indicated at the top of each column. **NO** indicates that the care, service or treatment is not covered.

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- D. Notes: Diseases that justify routine foot care include the following metabolic, neurological, vascular and systemic conditions:
1. Obliterans:
 - a. Arteriosclerosis
 - b. Arteriosclerosis of the extremities
 - c. Occlusive peripheral arteriosclerosis
 2. Buerger's Disease:
 - a. Thromboangiitis obliterans
 - b. Chronic Thrombophlebitis
 - c. Patients on Anticoagulants
 - d. Diabetes Mellitus
 - e. Peripheral neuropathies involving the feet
 - f. Patient on chemotherapy
 - g. Pernicious anemia
 3. Hereditary disorders:
 - a. Hereditary-sensory radicular neuropathy, Fabry's Disease
 - b. Leprosy or neurosyphilis
 - c. Malabsorption syndrome
 - d. Multiple sclerosis
 - e. Traumatic injury
 - f. Uremia (chronic renal diseases)
 - g. Patient on anticoagulants
- E. General diagnoses such as arteriosclerotic heart disease, circulatory problems, vascular disease, venous insufficiency, CVA (stroke), rheumatoid arthritis or fractured hip **are not** sufficient to justify coverage of routine foot care.
- F. Evaluation of coverage of podiatry services will be based on the presumption that available evidence discloses certain physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement. The following findings are pertinent for purposes of applying this probability:
1. Class A Findings:
 - a. Nontraumatic amputation of foot or integral skeletal portion of foot
 2. Class B Findings (three required):
 - a. Absent posterior tibial pulse
 - b. Advanced trophic changes
 - i. Decreased or absent hair growth
 - c. Thickening or other abnormal change of nails (discoloration)
 - d. Thin, shiny skin texture
 - e. Rubor or redness of skin
 - f. Absent dorsalis pedis pulse
 3. Class C Findings:
 - a. Claudication, temperature changes, edema, burning or paresthesia (abnormal spontaneous sensations in the feet).
 - b. The probability of coverage may be applied when the treating physician has identified:
 - i. One Class A Finding,
 - ii. Two of the Class B Findings, or

iii. One Class B and two Class C Findings

- G. Bunionectomy **not covered** if sole indications are pain and difficulty finding appropriate shoes.
- H. Flat feet orthotics not covered.
- I. Routine foot care toe nail trimming is not covered.
- J. Reasonable and necessary diagnosis and treatment of symptomatic conditions such as osteoarthritis, bursitis (including bunion) or tendinitis, among others, that result from or are associated with partial dislocation of the foot structures are covered services.
- K. Surgical correction of a subluxated foot structure that is an integral part of treatment of a foot injury or that is undertaken to improve the function of the foot or to alleviate an induced or associated symptomatic condition is a covered service.
- L. Podiatry care is covered for members in hospitals, skilled nursing facilities and other extended care facilities when the above conditions of coverage are fulfilled, as well as care in the home, outpatient setting or physician's office.
 - 1. No prior authorization is necessary for skilled nursing facilities and extended care facilities for Medicare approved services. Facility may attach proof of Medicare payout to claim for copayment reimbursement.
 - 2. All non-Medicare members or those services not covered by Medicare must be prior authorized or claims will be denied.

REFERENCES:

- A. AHCCCS Medical Policy Manual: Chapter 300 - Covered Services, pages 310-44 - 310-46, 10-01-94
- B. MIHS-HP Operations Manual: Section 200 - Benefit Explanations, pages 207 - 210, 1995 edition

ATTACHMENTS:

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|-------------|----------------------------|--------|
| A. | Table of Podiatry Benefits | 1 Page |
| B. | Podiatry Benefits Log | 1 Page |
| Total Pages | | 2 |

MIHS-HP reserves the right to change the policy for administrative or medical reasons without notification to external entities. This policy is not intended to be utilized as a basis for a claim submission.

TABLE OF PODIATRY BENEFITS

TREATMENT	MCHP (AHCCCS) MLTCP (ALTCS)	HEALTHSELECT	MARICOPA SENIOR SELECT PLAN (MSSP)
Routine foot care without other disease: removal of corns and calluses nail trimming cleaning and soaking feet skin moisturizers	NO NO NO NO NO	NO NO NO NO NO	NO NO NO NO NO
Routine foot care with presence of other disease ¹ , being treated by a physician: removal of corns and calluses nail trimming cleaning and soaking feet skin moisturizers	See “D” Pg. 2 YES YES YES YES	See “D” Pg. 2 YES YES YES YES	See “D” Pg. 2 YES YES YES YES
Treatment of Mycotic Nails: Fungal infection not evident, no systemic disease ¹ , patient able to ambulate and/or not prone to complications	NO	NO	NO
Treatment of Mycotic Nails: Fungal infection and systemic disease evident, patient with limited ambulation and/or prone to complications□	YES 2 visits per quarter or 8 visits per year for Routine Foot Care; 1 bilateral Mycotic Nail treatment every 60 days (6/year) {EPSDT excluded}	YES 2 visits per quarter or 8 visits per year for Routine Foot Care; 1 bilateral Mycotic Nail treatment every 60 days (6/year) {EPSDT excluded}	YES No visit limitations per CMS regulations, but visits will be monitored using AHCCCS limits as a guide for proper utilization
Casting of feet for Orthotics	YES	YES	YES
Orthopedic shoes as part of a brace	YES	YES	YES
Bunionectomy ² with skin ulceration or neuroma secondary to the bunion and removed with the bunion	YES	YES	YES
Flat foot	NO	NO	NO
Subluxations of the foot: Partial dislocation or displacement of joint surfaces, tendons, ligaments or muscles - without disease	NO (Excludes ankle joint: Talocruralis Joint)	NO (Excludes ankle joint: Talocruralis Joint)	NO (Excludes ankle joint: Talocruralis Joint)
Subluxations of the foot with disease ³	YES	YES	YES
Warts, including Plantar Warts	YES	YES	YES
Supportive devices for the feet	NO	NO	NO

PODIATRY SERVICES LOG

[illegible]